

Senate File 199 - Introduced

SENATE FILE 199

BY MATHIS

A BILL FOR

1 An Act relating to the state comprehensive Alzheimer's disease
2 response strategy.

3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. NEW SECTION. 135P.1 Definitions.

2 As used in this chapter, unless the context otherwise
3 requires:

4 1. *"Alzheimer's disease"* or *"Alzheimer's"* means a
5 progressive, degenerative, fatal disorder that results in loss
6 of memory, loss of thinking and language skills, and behavioral
7 changes. *"Alzheimer's disease"* includes related dementias
8 including vascular dementia, Parkinson's disease, dementia with
9 Lewy bodies, frontotemporal dementia, Crutzfeldt-Jakob disease,
10 normal pressure hydrocephalus, and mixed dementia.

11 2. *"Department"* means the department of public health.

12 Sec. 2. NEW SECTION. 135P.2 Alzheimer's disease —
13 **state-level coordination and comprehensive response strategy.**

14 1. The department shall develop and administer, and
15 provide for state-level coordination of, a comprehensive
16 Alzheimer's disease response strategy in accordance with the
17 recommendations of the stakeholder workgroup convened pursuant
18 to 2011 Iowa Acts, chapter 61. The response strategy shall
19 include development and monitoring of short-term and long-term
20 objectives and action steps to ensure that individuals with
21 Alzheimer's disease have access to the highest quality and
22 most appropriate care at all stages of the disease and in
23 all settings across the service and supports continuum. The
24 response strategy may include prioritization of objectives
25 and action steps to most efficiently utilize resources and
26 funding. The department shall update the initial response
27 strategy biennially and shall submit a progress report annually
28 in January to the governor and the general assembly.

29 2. In providing state-level coordination, the department
30 shall integrate public and private resources and programs,
31 reduce duplication, evaluate programs and services to ensure
32 that evidence-based, high-quality programs and services are
33 available to maximize the positive impact for individuals with
34 Alzheimer's and their families and caregivers, and promote
35 public awareness.

1 3. In developing the comprehensive Alzheimer's disease
2 response strategy, the department shall do all of the
3 following:

4 a. Establish an Alzheimer's disease coordinator position
5 in the department in a manner similar to those positions
6 that address other chronic conditions in the state. The
7 coordinator, in partnership with public and private entities
8 and the multidisciplinary advisory council convened pursuant to
9 paragraph "b", shall do all of the following:

10 (1) Implement the recommendations of the Alzheimer's
11 disease stakeholder workgroup convened pursuant to 2011 Iowa
12 Acts, chapter 61, and establish standards for the comprehensive
13 Alzheimer's disease response strategy.

14 (2) Inform, educate, and empower the public regarding the
15 impact of Alzheimer's disease, in order to increase awareness
16 of the disease and in particular the benefits of early
17 detection, while working to decrease the stigma associated with
18 Alzheimer's disease.

19 (3) Monitor the prevalence of Alzheimer's disease and
20 cognitive impairment in the state through data collection and
21 coordination efforts. Such data shall be made available to
22 and used to assist public and private efforts in developing
23 evidence-based programs and policies that address Alzheimer's
24 disease.

25 (4) Evaluate, and promote the improved effectiveness,
26 accessibility, and quality of, clinical and population-based
27 Alzheimer's services. The evaluation and promotion efforts
28 shall include coordination of services to reach rural and
29 underserved areas of the state.

30 (5) Ensure a competent public and private sector workforce
31 specific to the challenges of Alzheimer's disease. The effort
32 shall include coordinating existing state efforts to develop,
33 implement, and evaluate curricula and training requirements
34 for providers of services who interact with individuals with
35 Alzheimer's disease.

1 (6) Act as a liaison to the aging and disabilities resource
2 centers, area agencies on aging, Alzheimer's association
3 chapters, the health and long-term care access advisory council
4 created by the department to implement the directives of
5 sections 135.163 and 135.164, and other entities to ensure
6 Alzheimer's disease is appropriately addressed in the state.

7 (7) Secure public and private funding relating to dementia
8 to fulfill the duties specified under this chapter.

9 b. Convene a multidisciplinary advisory council. The
10 council shall assist and advise the department and the
11 coordinator; develop partnerships to provide coordination,
12 collaboration, and support for Alzheimer's-related services
13 and programs throughout the state; and advocate on behalf of
14 persons with Alzheimer's disease and their families. The
15 advisory council shall, at a minimum, include representation
16 from individuals with Alzheimer's disease and their families;
17 caregivers and other providers of services and supports;
18 medical providers including primary and specialty care
19 providers, which shall include geriatricians, neurologists,
20 and others with expertise in Alzheimer's disease; the
21 Alzheimer's association; community-based organizations and
22 other organizations with interest or expertise in Alzheimer's
23 disease; academic institutions and programs with a focus
24 on Alzheimer's disease and dementia; and appropriate state
25 agencies including but not limited to the department on
26 aging, the department of human services, the department of
27 inspections and appeals, the department of public safety, and
28 the department of workforce development. The department shall
29 enlist private entities in providing staff support for the
30 council.

31 Sec. 3. REPEAL. Sections 135.171 and 231.62, Code 2013,
32 are repealed.

33 Sec. 4. INCORPORATION OF EXISTING STATE DUTIES. The
34 department of public health shall incorporate the requirements
35 specified in sections 135.171 and 231.62, Code 2013, into

1 the comprehensive Alzheimer's disease strategy developed and
2 administered pursuant to this Act.

3 EXPLANATION

4 This bill relates to state-level coordination of and a
5 comprehensive response strategy for Alzheimer's disease. The
6 bill creates a new Code chapter, Code chapter 135P, to direct
7 that the department of public health (DPH) is to develop and
8 administer, and provide for state-level coordination of, a
9 comprehensive Alzheimer's disease response strategy. The bill
10 provides a definition of Alzheimer's disease which includes
11 related dementias.

12 The bill directs DPH to develop and administer a
13 comprehensive Alzheimer's disease response strategy, to update
14 the strategy biennially, and to submit a progress report
15 annually in January to the governor and the general assembly.
16 The response strategy may include prioritization of objectives
17 and action steps to most efficiently utilize resources and
18 funding.

19 In providing state-level coordination, DPH is directed
20 to integrate public and private resources and programs,
21 reduce duplication, evaluate programs and services to ensure
22 that evidence-based, high-quality programs and services are
23 available to maximize the positive impact for individuals with
24 Alzheimer's and their families and caregivers, and promote
25 public awareness.

26 In developing and administering the comprehensive
27 Alzheimer's disease response strategy, DPH is directed to
28 establish an Alzheimer's disease coordinator within the
29 department and to convene a multidisciplinary advisory council.

30 The coordinator, in partnership with public and private
31 entities and the multidisciplinary advisory council, is
32 directed to implement the recommendations of the 2011
33 Alzheimer's disease stakeholder workgroup, and establish
34 standards for the comprehensive Alzheimer's disease response
35 strategy; inform, educate, and empower the public regarding

1 the impact of Alzheimer's disease, in order to increase
2 awareness of the disease and in particular the benefits
3 of early detection, while working to decrease the stigma
4 associated with Alzheimer's disease; monitor the prevalence
5 of Alzheimer's disease and cognitive impairment in the state
6 through data collection and coordination efforts and make
7 the data available to assist public and private efforts in
8 developing evidence-based programs and policies that address
9 Alzheimer's disease; evaluate, and promote the improved
10 effectiveness, accessibility and quality of, clinical and
11 population-based Alzheimer's services, including coordination
12 of services to reach rural and underserved areas of the
13 state; ensure a competent public and private sector workforce
14 specific to the challenges of Alzheimer's disease including
15 through coordination of state efforts regarding curricula and
16 training requirements for providers of services who interact
17 with individuals with Alzheimer's disease; act as a liaison to
18 various entities to ensure Alzheimer's disease is appropriately
19 addressed in the state; and secure public and private funding
20 relating to dementia to fulfill the duties specified under this
21 chapter.

22 The multidisciplinary advisory council is to assist and
23 advise the department and the coordinator; develop partnerships
24 related to Alzheimer's-related services and programs throughout
25 the state; and advocate on behalf of persons with Alzheimer's
26 disease and their families. The bill specifies the minimum
27 representation to be included in the advisory council.

28 The bill repeals the Code section relating to a directive
29 to DPH to analyze Iowa's population to determine the existing
30 service utilization and future service needs of persons with
31 Alzheimer's disease and similar forms of irreversible dementia
32 (Code section 135.171). The bill also repeals the Code
33 section relating to a directive to the department on aging to
34 review trends and initiatives to address the long-term living
35 needs of Iowans with Alzheimer's disease and similar forms

1 of irreversible dementia, and to expand and improve training
2 and education of persons who regularly deal with persons with
3 Alzheimer's disease and similar forms of irreversible dementia
4 (Code section 231.62). DPH is required to incorporate both of
5 these directives into the comprehensive Alzheimer's disease
6 response strategy developed and administered under the bill.